

First Steps Provider Daily Mileage Log

All fields are required for mileage reimbursement.

Provider Name: _____ **Official Domicile:** _____

Date of Service	Service Authorization #	Child Last Name	Child First Name	Discipline	Service Provided	Start Address	Destination Address	Round Trip	Trip Mileage
								TOTAL MILES:	

I certify that the information entered as required to request First Steps mileage reimbursement is accurate and correct to the best of my knowledge. I agree to the conditions as outlined in the First Steps Provider Mileage Guidance and Instructions as required for mileage reimbursement and understand that First Steps will adjust any and all mileage reimbursement payments if errors are found in the information I have entered.

Provider Signature

Date _____